FORM NLRB-501 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE
Case 15-CA-18184	Date Filed // JANUARY 19, 2007

NSTRU	OT	-	
No.	1	M DE	4.7

rinal together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged or practice occurred or is occurring.

	R AGAINST WHOM CHARGE IS BROU	
a. Name of Employer Tastee Donuts, Inc.		b. Number of workers employed about 4
c. Address (Street, city, state, and ZIP code) 2691 Barataria Blvd. Marrero LA 70072-	d. Employer Representative Shirley Wilson	e. Telephone No. (504)340-1371 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	[() •
h. The above-named employer has engaged in and is engand (list subsections)  and these unfair labor practices are practices affecting		eaning of section 8(a), subsections (1) of the National Labor Relations Act,
By the above and other acts, the above-named employer I Section 7 of the Act.  8. Full name of party filing charge (if labor organization, give		
b) (6), (b) (7)(C)		
la. Address (Street and number, city, state, and ZIP code) ) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)
	(b) (6), (b) (7)(C)	Fax No. (b) (6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization organization)</li> </ol>	of which it is an affiliate or constituent unit (to	be filled in when charge is filed by a labor
	6. DECLARATION	
(b) (6), (b) (7)(C (b) (6), (b) (6), (b) (7)(C (b) (6), (b) (6), (b) (6), (b) (7)(C (b) (6), (	and that the statements are true to the	Individual  (Print/type name and title or office, if any)

FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 15-CA-18185	Date Filed / /. JANUARY 19, 2007	

INSTRUCTION	nc.

original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

abor practice occurred or is occurring.	R AGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer Diesel Driving Acadamy, Inc.		b. Number of workers employed about 9
c. Address (Street, city, state, and ZIP code) 4709 Greenwood Rd. Shreveport LA 71109-	d. Employer Representative Bruce Pasada	e. Telephone No. (318)636-6300 Fax No. (318)636-9736
f. Type of Establishment (factory, mine, wholesaler, etc.) truck driving school	g. Identify principal product or service truck driving training	
h. The above-named employer has engaged in and is engaged and (list subsections)     and these unfair labor practices are practices affecting		aning of section 8(a), subsections (1) of the National Labor Relations Act,
	na na haife shift shi	W. W
By the above and other acts, the above-named employer h Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give		And the second
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
Full name of national or international labor organization organization)	f which it is an affiliate or constituent unit (to	
Address same as 4a	6: DECLARATION and that the statements are true to the	best of my knowledge and belief.  Individual  (Print/type name and title or office, if any)
nucleas during the	(Te	elephone No.) (date)

FORM NLRB-501 (11-88)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 15-CA-18196	Date Filed FEBRUARY 1, 2007	

INICTOL	ICTIONS.

File of original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged por practice occurred or is occurring.

4 EMPLOYED	ACAINET WHOM CHARCE IS DON		
Name of Employer	AGAINST WHOM CHARGE IS BROU	b. Number of workers employed	
		ар. 100	
enter Plate		ар. 100	
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
01 Girard	James	(504)681-0926	
w Orleans LA 70113-	Bordelon	Fax No. (504)566-0540	
ype of Establishment(factory, mine, wholesaler, etc.)	g. Identify principal product or service Food Service		
<ol> <li>The above-named employer has engaged in and is eng and (list subsections)</li> </ol>	aging in unfair labor practices within the mo	eaning of section 8(a), subsections (1) of the National Labor Relations Act,	
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.		
By the above and other acts, the above-named employer h	as interfered with, restrained, and coerced en	nployees in the exercise of the rights guaranteed in	
By the above and other acts, the above-named employer he Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)			
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)		er)	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)			
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		4h. Telephone No. (b) (6), (b) (7)(C)  Fax No.	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  6), (b) (7)(C)	full name, including local name and number (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization or	full name, including local name and number (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  f which it is an affiliate or constituent unit (t)	Fax No. ( ) - to be filled in when charge is filed by a labor	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  f which it is an affiliate or constituent unit (t)  6. DECLARATION and that the statements are true to the	Fax No. ( ) - to be filled in when charge is filed by a labor the best of my knowledge and belief.	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  f which it is an affiliate or constituent unit (t)  6. DECLARATION and that the statements are true to the	Fax No. ( ) - to be filled in when charge is filed by a labor	
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  f which it is an affiliate or constituent unit (t)  6. DECLARATION and that the statements are true to the constituent of the	Fax No. ( ) - to be filled in when charge is filed by a labor  the best of my knowledge and belief.  An Individual (Print/type name and title or office, if any	

UNITED STATES OF AMERICA R

DO NOT WRITE IN THIS SPACE		
15-CA-18212	Date Filed FEBRUARY 23, 2007	

()	NATIONAL LABOR RELATIONS BOAR
	CHARGE AGAINST EMPLOYE
A TIONS	

1, EMPLOYER AG	PAINST WHOM CHARGE IS BROUGHT	
Name of Employer Delta Catering manageme	nt, L.L.C.	b. Number of Workers Employed
Address (street, city, state, ZIP, Cotte) 5749 Subitna Dr., Suite 300	d. Employer Representative	e. Telephone No. 800-375-8189
Harahan, LA 70123		504-739-2382
Type of Establishment (taolory, mine, wholesalor, etc.) Catering Company	g. Identify Principal Product or Service Same	
The above-named employer has engaged in and is engaging in uni- subsections) practices are unital practices affecting commerce within the meant	of the National Labor	Relations Act, and these unfair labor
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged unfair labor prac	Sces.)
Basis of the Charge (set forth a clear and concise statement of the ON OR AROUT (b)(6), (b)(7)  (b) (6), (b) (7)(C)  RECAUSE  CONCLUTED ACTIVITY	(B) (B) (F)(C) ENGAGED IN	- Tenminates  4 protectes

guaranteed in Section 7 of the Act.

3.	Full name of party filing charge	(# labor organization,	give full name, including local name and number
	(b) (6), (b) (7)	(C)	and the second s
_	(D) $(D)$ , $(D)$ $(I)$	(V)	

5. Full name of retional or International labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

A DECLARATION

U.	DE	LAND	I I I WILL				
444		-		 -	4- 44	-	 1

(Spenture of representative or person making charge)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-501 (11-89)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
15-CA-18220	MARCH 1, 2007	

INSTRUCTIONS:	15 01 10220	MARCE
Montoonolo.		
File an original together with four copies and a copy for each additional charged party of	amod in item 1 with MI PR Regional Dire	ector for the region

	R AGAINST WHOM CHARGE IS BROU	
Name of Employer		b. Number of workers employed
Cooper Lighting		500
Address (Street site state and 7/D anda)	d. Employer Representative	e. Telephone No.
Address (Street, city, state, and ZIP code)	Charles	(601)638-1522
035 Hw y 61 South	Baldwin	Fax No.
icksburg MS 39180-	Manager Employee Relations	() -
Type of Establishment(factory, mine, wholesaler, etc.) ctory	g. Identify principal product of service light fixtures	
The above-named employer has engaged in and is en and (list subsections) (3)	ngaging in unfair labor practices within the mea	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	g commerce within the meaning of the Act.	
By the above and other acts, the above-named employer Section 7 of the Act.	r has interfered with, restrained, and coerced emp	ployees in the exercise of the rights guaranteed i
Section 7 of the Act.  Full name of party filing charge (if labor organization, given		)
Section 7 of the Act.  Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  A. Address (Street and number, city, state, and ZIP code)	ve full name, including local name and number	)
Section 7 of the Act.  Full name of party filing charge (if labor organization, given) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act.  Full name of party filing charge (if labor organization, given) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
Section 7 of the Act.  Full name of party filing charge (if labor organization, give) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	ve full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act.  Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)  ii. Full name of national or international labor organization	ve full name, including local name and number (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No. ( ) -
Section 7 of the Act.  Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  As Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to	f)  4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor
Section 7 of the Act.  5. Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  6. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  6. Full name of national or international labor organization organization)  6. (b) (6), (b) (7)(C)  6. (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to	## Ap. Telephone No.  (b) (b) (c) (c)  Fax No.  ( ) -  be filled in when charge is filed by a labor  be best of my knowledge and belief.  An Individual
Section 7 of the Act.  Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  b. Full name of national or international labor organization organization)  c) (6), (b) (7)(C)  a that I have read the above charge (b) (6), (b) (7)(C)  (signeture of representance or possers making grange)  (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to	f)  4b. Telephone No. (b) (b) (c) (c)  Fax No. ( ) -  be filled in when charge is filed by a labor  be best of my knowledge and belief.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
15-CA-18225	// MARCH 9. 2007		

MOTO	ICTIONS	ī

original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged abor practice occurred or is occurring.

Name of Employer			b. Number of workers employed
he Traine Company			260
Address (Street, city, sta	ate, and ZIP code)	d. Employer Representative	e. Telephone No.
O Box 754		Mike Zileski	(318)994-3351
ullen	LA 71021-	Plant Manager	58-994-3361
Type of Establishment (factory	actory, mine, wholesaler, etc.)	g. Identify principal product or service Air Conditioning Unit production	110 111 33 21
h. The above-named en and (list subsections)	nployer has engaged in and is eng	gaging in unfair labor practices within the mea	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labo	r practices are practices affecting	commerce within the meaning of the Act.	
n or about ctivtiy. n or about	2007, the above-named Em		retaliation for protected, concerted iation for protected, concerted activity
Section 7 of the Act.			ployees in the exercise of the rights guaranteed in
Section 7 of the Act.		nas interfered with, restrained, and coerced emp o full name, including local name and number,	
Section 7 of the Act.  Full name of party filing  (b) (7)(C)  Address (Street and nu.)			
Section 7 of the Act.  Full name of party filing  (b) (7)(C)  Address (Street and nu.)	charge (if labor organization, give	a full name, including local name and number,	(b) (6), (b) (7)(C)
Section 7 of the Act.  Full name of party filing  (b) (b) (7)(c)  Address (Street and nu.)	charge (if labor organization, give		)
Section 7 of the Act.  Full name of party filing (b) (7)(0)  Address (Street and number of (b) (7)(0)  Full name of national or	charge (if labor organization, give	a full name, including local name and number,	(b) (6), (b) (7)(c)  Fax No.  ( ) -
Section 7 of the Act.  Full name of party filing (b), (b) (7)(C)  Address (Street and num (6), (b) (7)(C)	charge (if labor organization, given mber, city, state, and ZIP code) international labor organization o	(b) (6), (b) (7)(C)  If which it is an affiliate or constituent unit (to b)	(b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
Section 7 of the Act.  Full name of party filing (b) (7)(C)  Address (Street and num (b), (b) (7)(C)  Full name of national or	charge (if labor organization, given mber, city, state, and ZIP code) international labor organization or	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to	(b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
Section 7 of the Act.  Full name of party filing (a), (b) (7)(C)  Address (Street and number of (b), (b) (7)(C)  Full name of national or ganization)	charge (if labor organization, given mber, city, state, and ZIP code) international labor organization or	(b) (6), (b) (7)(C)  If which it is an affiliate or constituent unit (to b)	(b) (6), (b) (7)(c)  Fax No.  ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.

FORM NLRB-501 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
15-CA-18232	March 21, 2007	

MICT	F 10 1	ICT		0.
IN O	ı.r.ı	JCT	IUN	30

File regional together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged up to practice occurred or is occurring.

1, EMPLOYER A	GAINST WHOM CHARGE IS BROUGI	
owntown Parking		b. Number of workers employed
Address (Street, city, state, and ZIP code) 27 S.Rampart Street ew Orleans LA 70130-	d. Employer Representative Warren Rome	e. Telephone No. (504)529-5708 Fax No.
		()-
Type of Establishment (factory, mine, wholesaler, etc.) ntractor	<ul> <li>g. Identify principal product or service parking cars</li> </ul>	
<ul> <li>The above-named employer has engaged in and is engaged and (list subsections)</li> </ul>		ng of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting con	mmerce within the meaning of the Act.	
By the above and other acts, the above-named employer has Section 7 of the Act.		yees in the exercise of the rights guaranteed in
Section 7 of the Act.  Full name of party filing charge (if labor organization, give ful. (6), (b) (7)(C)		
Section 7 of the Act.  Full name of party filing charge (if labor organization, give ful. (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		yees in the exercise of the rights guaranteed in  4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act.  Full name of party filing charge (if labor organization, give ful. (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		4b. Telephone No.
Section 7 of the Act.  Full name of party filing charge (if labor organization, give ful. (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of w ganization)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  of filled in when charge is filed by a labor
Section 7 of the Act.  Full name of party filing charge (if labor organization, give ful. (6), (b) (7)(c)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(c)  Full name of national or international labor organization of w ganization)  (6), (6), (7)(C)  the above charge are (b), (6), (b), (7)  The above charge are (b), (6), (6), (7)	(b) (6), (b) (7)(C) which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  filled in when charge is filed by a labor
Section 7 of the Act.  Full name of party filing charge (if labor organization, give full (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of wiganization)  (b) (6), (b) (7)(C)  the above charge and (b) (6), (b) (7)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be  6. DECLARATION  not that the statements are true to the be  (fax) ( ) -	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  filled in when charge is filed by a labor  est of my knowledge and belief. an individual

FORM NLRB-501 (†1-88)

## UNITATES OF AMERICA NATIONAL ABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

0		I william memory a service
$(\ )$	DO NOT WRIT	E IN THIS SPACE
		The Artists Carlotte

Case 15\_CA-18246 (formerly 9-CA-43520)

INSTRUCTIONS:	
	The state of the s
-File as existing together with four copies and a copy for each additional charmed party re	amed in item 1 with NLRB Regional Direc

Name of Employer URBO FILTRATION	11. 2.11.	RAGAINST WHOM CHARGE IS BROU	GHT
DROUTILI KATION			b. Number of workers employed  13 +
Address (Street, city, state	te, and ZIP code)	d. Employer Representative	e. Telephone No.
21 Windsor Way		Mike	251-457-880
obile	AL 36695-	Enger	Fax No.
Type of Establishment (fac gh Velocity Hot Oil Flus)	ctory, mine, wholesaler, etc.) h	<ul> <li>g. Identify principal product or service</li> <li>Contractor pumps and filters for oil to</li> </ul>	rbines.
h. The above-named emp and (list subsections)	ployer has engaged in and is eng	aging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor	practices are practices affecting	commerce within the meaning of the Act.	
			the second of the sights quaranteed in
Section 7 of the Act.		as interfered with, restrained, and coerced emp full name, including local name and number	ployees in the exercise of the rights guaranteed in
Section 7 of the Act.  Full name of party filing cl	harge (if labor organization, give		
Section 7 of the Act.  Full name of party filing cl (b) (7)(C)  Address (Street and num			)
Section 7 of the Act.  Full name of party filing cl (b) (7)(C)  Address (Street and num	harge (if labor organization, give	full name, including local name and number	4b. Telephone No.
Section 7 of the Act.  Full name of party filing cl  (b) (7)(c)  Address (Street and num	harge (if labor organization, give		4b. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act.  Full name of party filing of 6), (b) (7)(C)  Address (Street and num (6), (b) (7)(C)  Full name of national or is	harge (if labor organization, give	(b) (6), (b) (7)(C)  which it is an affiliaterod conditional unit (to	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
Section 7 of the Act.  Full name of party filing of 6), (b) (7)(C)  Address (Street and num (6), (b) (7)(C)  Full name of national or is	tharge (if labor organization, give nber, city, state, and ZIP code)  International labor organization of	(b) (6), (b) (7)(C)  which it is an affiliateron constituent unit (to  6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor
Section 7 of the Act.  Full name of party filing of 6), (b) (7)(C)  Address (Street and num (6), (b) (7)(C)  Full name of national or is ganization)	harge (if labor organization, give nber, city, state, and ZIP code) nternational labor organization of	(b) (6), (b) (7)(C)  which it is an affiliateron constituent unit (to  6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my katalaging and balling
Section 7 of the Act.  Full name of party filing of (a), (b) (7)(C)  Address (Street and num) (6), (b) (7)(C)  Full name of national or in ganization)	tharge (if labor organization, give nber, city, state, and ZIP code)  International labor organization of (b) (c)	(b) (6), (b) (7)(C)  which it is an affiliaterot constituent unit (to  6. DECLARATION and that the statements are true to the  ), (b) (7)(C)	be filled in when charge is filed by a labor  best of my babulades and balling  (b) (6), (b) (7)(C)

FORM NLRB-501

(11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
15-CA-18248	April 13, 2007	

INS	TOL	10	In	MC.
1113			w	

9	Name of Employer	AINST WHOM CHARGE IS BROUGHT	b. Number of workers employed
	Batesville Casket Company		25+
	c. Address (Street, City, State, and Zip Code)	Employer Representative	e. Telephone No.
			601-636-1133
c	687 Warenton Lane, Vicksburg, MS 39180	Human Resourse Dale Ulrigh	
	Type of Establishment (factory, mine, wholesaler, etc.) factory	g. Identify principal product or service Build Caskets	e
1.	The above-named employer has engaged in and is engaging in us subsections) 3	nfair labor practices within the meaning of secti of the National Labor Relations Act, and the	
	practices affecting commerce within the meaning of the Act.	_ of the National Labor Relations Act, and the	se untan fabor practices are untan
2.	Basis of the Charge (set forth a clear and concise statement of th	he facts constituting the alleged unfair labor pro	actices)
	the above and other acts, the above-named employer has inter-	fered with, restrained, and coerced employee	s in the exercise of the rights
gua	aranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give		s in the exercise of the rights
u	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	e full name, including local name and number)	
u	aranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give	e full name, including local name and number)	4b. Telephone No.
a.	aranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6),	e full name, including local name and number) (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)
a.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	e full name, including local name and number) (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(G)
a.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6), (Full name of national or international labor organization of which	e full name, including local name and number) (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)
a.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6), (Full name of national or international labor organization)	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  [b) (6), (b) (7)(C)  In when charge is filed by a labor
a.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6), (Full name of national or international labor organization)  6.	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)	4b. Telephone No.  [b) (6), (b) (7)(C)  In when charge is filed by a labor
la.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6), (Full name of national or international labor organization)	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(C)  In when charge is filed by a labor nowledge and belief.
a.	Address (street and number, city, state, and ZIP code) (b) (6), (b) (6), (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(C)  In when charge is filed by a labor  nowledge and belief.  An Individual
a.	3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code) (b) (6), (Full name of national or international labor organization)	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(C)  In when charge is filed by a labor nowledge and belief.
a.	Address (street and number, city, state, and ZIP code) (b) (6), (b) (6), (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(G)  I in when charge is filed by a labor  nowledge and belief.  An Individual
a.	Address (street and number, city, state, and ZIP code) (b) (6), (b) (6), (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) (7)(C)  h it is an affiliate or constituent unit (to be filled)  DECLARATION	4b. Telephone No.  (b) (6). (b) (7)(C)  In when charge is filed by a labor  nowledge and belief.  An Individual

FORM NLRB-501 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
15-CA-18251	April 16, 2007

LUCT	IONS:
	E-01, 101.

	NST WHOM CHARGE IS BROUGHT	A-
Name of Employer		b. Number of workers employe
The Praline Connection		
. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
42 Frenchman Street, New Orleans, Louisiana 70116	Curtis, Manager	504-943-3934
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	vice
Store		Food
The above-named employer has engaged in and is engaging in unit subsections) of the National Labor Relations Act, and these uthe Act.		
'Basis of the Charge (set forth a clear and concise statement of the		C. STELLYTTING
n [910] [907] 2007, the Employer named above terminated (b) (6), aprove working conditions.		
y the above and other acts, the above-named employer has interf	ered with, restrained, and coerced emplo	yees in the exercise of the rights
naranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full n		yees in the exercise of the rights
Full name of party filing charge (if labor organization, give full no.) (6), (b) (7)(C)		
raranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full note) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code)		4b. Telephone No.
paranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)  a. Address (street and number, city, state, and ZIP code)	name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give full notes) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of which organization)	name, including local name and number)	4b. Telephone No.  (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of which organization)  (a)  (b) (6), (b) (7)(C)  I declare that I have read the above charge and that (b) (6), (b) (7)(C)	name, including local name and number)  it is an affiliate or constituent unit (to be fine)  DECLARATION  at the statements are true to the best of my	4b. Telephone No.  (b) (6), (b) (7)(C)  lled in when charge is filed by a labor
Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)  Address (street and number, city, state, and ZIP code)  (a) (b) (c) (d) (d) (e)  Full name of national or international labor organization of which organization)  (a) (b) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	name, including local name and number)  it is an affiliate or constituent unit (to be fine)  DECLARATION  at the statements are true to the best of my	4b. Telephone No.  (b) (6), (b) (7)(C)  lled in when charge is filed by a labor
Evaluation of the Act.  Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)  A. Address (street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of which organization)  (a)  (b) (6), (b) (7)(C)  I declare that I have read the above charge and that (b) (6), (b) (7)(C)	name, including local name and number)  it is an affiliate or constituent unit (to be fine)  DECLARATION  at the statements are true to the best of my	4b. Telephone No.  (b) (6), (b) (7)(C)  Iled in when charge is filed by a labor  y knowledge and belief.
b) (6), (b) (7)(C)  Full name of party filing charge (if labor organization, give full not) (6), (b) (7)(C)  A Address (street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  Full name of national or international labor organization of which organization)  //a  (b) (6), (b) (7)(C)  I declare that I have read the above charge and that (b) (6), (b) (7)(C)  (c)  (d) (6), (b) (7)(C)  (d) (6), (b) (7)(C)  (e) (6), (b) (7)(C)	name, including local name and number)  it is an affiliate or constituent unit (to be fine)  DECLARATION  at the statements are true to the best of my	4b. Telephone No.  (b) (6), (b) (7)(C)  Iled in when charge is filed by a labor  y knowledge and belief.  an Individual  (title if any)

NLRB

P. 02/02

FORM NLRB-501

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EX	EMPT UNDER 44 U.S.C. 351	
DO NOT WRITE IN THIS SPACE		
15-CA-18255	April 20, 200	

		-		
INS	TRU	CT	Ю	N3

File an original and 4 copies of this charge with NLRB Regional Director for

la occurring.	
T WHOM CHARGE IS BROUGHT	b. Number of workers employed 260
d. Employer Representative Mike Zileski	e. Telephone No. (318) 994-3351
f. Type of Establishment (factory, mine, wholesafer, etc.)  g. Identity principal product or service air conditioning unit production	
fair labor practices within the meaning nel Labor Relations Act, and these un facts constituting the alloged unfeir la Employer wrote up	Mair labor practices are unfair practices
mployer wrote up (b) (6), (b) (	7)(C) twice in retaliation for
mployer terminated (b) (6), (b	) (7)(G) in retaliation for (0.16).
	d. Employer Representative Mike Zileski  g. Identity principal product or se air conditioning unit pro- lair labor practices within the meaning nel Labor Relations Act, and these un facts constituting the alleged unfair is Employer wrote up  (b) (6), (b)  mployer wrote up

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

Full name of party filing charge (if labor organization, give full name, including local name and number)
 (b) (6), (b) (7)(C)

4a. Address (street and number, city, state and ZIP code)
(b) (6), (b) (7)(C)

4b. Telephone No. (b) (6), (b) (7)(C)

5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a fabor organization.

Same as 3, above

6. DECLARATION

1 declare that I have read the above chame and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

Signature of representative or person making charge
Address

Same as 4a.

Telephone No. Same as 4b.

1130-07

Title An Individual

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### FORM EXEMPT UNDER 44 U.S.C. 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
15-CA-18256	4/23/07	

181	P	~	C1/	_	M	e.
			ш.	_	170	3.

	GAINST WHOM CHARGE IS BROUGHT	
. Name of Employer rooks Restaurant d/b/a Burger King		b. Number of Workers Employed 10
Address (street, city, State, ZIP, Code) 1005 Bien ville Blvd Ocean Springs, MS 39564	d. Employer Representative Julie Spears	e. Telephone No. (228) & \$75-83  Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) estaurant	g. Identify Principal Product or Service retail food and beverage services	
The above-named employer has engaged in and is engaging in unf subsections) practices are unfair practices affecting commerce within the meaning	of the National L	ction 8(a), subsections (1) and (list abor Relations Act, and these unfair labor
Basis of the Charge (set forth a clear and concise statement of the		
the above and other acts, the above-named employer has interanteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full name, (6), (b) (7)(C)  Address (street and number, city, State, and ZIP Code)		4b. Telephone No.
aranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full name, (6), (6), (7)(6)  Address (street and number, city, State, and ZIP Code)		
aranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full name, (6), (b) (7)(C)  Address (street and number, city, State, and ZIP Code)  (6), (b) (7)(C)  Full name of national or international labor organization of which it is	including local name and number) an affiliate or constituent unit (to be filled in	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  when charge is filed by a labor organization)  f my knowledge and belief.
aranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give full name, (6), (b) (7)(C)  Address (street and number, city, State, and ZIP Code)  (6), (b) (7)(C)  Full name of national or international labor organization of which it is	including local name and number)  an affiliate or constituent unit (to be filled in  b. DECLARATION  nat the statements are true to the best o	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  when charge is filed by a labor organization)  f my knowledge and belief.

INTERNET FORM NURB-SO1 (11-94)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C. 35			
DO NOT WRITE IN THIS SPACE				
Case	Data Filed			
15-CA-18276	May 18, 2007			

INSTRUCTIONS:

1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
s. Name of Employer Standex Air Distribution Products, Inc. d/b/a Alco Manuf	acturing	b. Number of Workers Employer
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. (601) 584-6461
81 Briswell Rond Hatticsburg, MS 39401	B.J. Hancock	Fax No. (G01) 544-8302
f. Typa of Establishment (factory, mine, wholeseler, etc.)	g. Identify Principal Product or Service	Name of Va.
The above-named employer has engaged in and is ongaging in a subsections)     practices are unfair practices affecting commerce within the mer	of the National L	ection 8(a), subsections (1) and (fist abor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of Since on or about 2007, the Employer has discricingly support of union	minated against bargaining unit emplo	yee (b) (6), (b) (7)(C) by terminating (b)(6)
172		
	interfered with, restrained, and coorced	emplayões in the exercise of the rights
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (# labor organization, give full na		employees in the exercise of the rights
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (diabor organization, give tuli na Sheet Metal Workers Local 214 New Orleans Area		
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (diebor organization, give tuli na Sheet Metal Workers Local 214 New Orleans Area  4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (diabor organization, give full na Sheet Metal Workers Local 214 New Orleans Area 4a. Address (street and number, city, State, and ZIP Code) 4108 Yale Street, Suite D		4b. Telephone No. (504) 885-4283 Fax No.
guaranteed in Section 7 of the Act.  3. Full name of party filling charge (d labor organization, give full na Sheet Metal Workers Local 214 New Orleans Area.  4a. Address (street and number, city, State, and ZIP Code).  1108 Yale Street, Suite D.  Metairie, LA. 70006	me, including local name and number)	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (d lebor organization, give full na Sheet Metal Workers Local 214 New Orleans Area.  4a. Address (street and number, city, State, and ZIP Code).  4108 Yale Street, Suite D.  Metairie, LA. 70006	me, including local name and number)	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (d lebor organization, give tuli na Sheet Metal Workers Local 214 New Orleans Area 4a. Address (street and number, city, State, and ZIP Code) 4.108 Yale Street, Suite D Metalrie, L.A. 70006  5. Full name of national or International labor organization of which	ine, including local name and number)  it is an alfiliato or constituent unit (to be filled)	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944 In when charge is fled by a Tabor organizati
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (d lebor organization, give tuli na Sheet Metal Workers Local 214 New Orleans Area.  4a. Address (street and number, city, State, and ZIP Code).  4108 Yale Street, Suite D.  Metairie, LA. 70006	it is an alfiliato or constituent unit (to be filled  6. DECLARATION d that the statements are true to the best	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944 In when charge is flad by a labor organization of my knowledge and belief.
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (d labor organization, give full na Sheet Metal Workers Local 214 New Orleans Area  4a. Address (street and number, city, State, and ZIP Code)  4.108 Yale Street, Suite D  Metairie, LA 70006  5. Full name of national or International labor organization of which  declare that I have read the above charge an	ine, including local name and number)  it is an alfiliato or constituent unit (to be filled)	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944 In when charge is fled by a Tabor organized of my knowledge and belief.
3. Full name of party filing charge (d lebor organization, give tuli na Sheet Metal Workers Local 214 New Orleans Area 4a. Address (street and number, city, State, and ZIP Code) 4108 Yale Street, Suite D Metairie, LA 70006  5. Full name of national or Internalional labor organization of which declare that I have read the above charge an	it is an affiliate or constituent unit (to be filled  8. DECLARATION d that the statements are true to the best  Attorn	4b. Telephone No. (504) 885-4283 Fax No. 504-884-5944 In when charge is filed by a labor organization of my knowledge and belief. (Title if any)

FORM NLRB-501 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
15-CA-18280(P)	May 29, 2007	

TTC.	TDI	CT	IONS.	

File an original and 4 copies of this charge with NLRB Regional Director for the		ractice occurred or is occurring.
	WHOM CHARGE IS BROUGHT	b. Number of workers employed
a. Name of Employer		. ,
United States Postal Service	1	45+
<ul><li>c. Address (street, city, state, ZIP code)</li><li>21 Walter Martin Road, Ft. Walton Beach, FL 32548</li></ul>	d. Employer Representative	e. Telephone No.
21 Walter Martin Road, Ft. Walton Beach, FL 32348	Paul McGinnis	(850) 244-2625
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
US Post Office	Mail del	ivery
h. The above-named employer has engaged in and is engaging in unfair la subsections) of the National Labor Relations Act,		
2. Basis of the Charge (set forth a clear and concise statement of the facts  On May 11, 2007, the Employer, through supervisor (b) (6), (b) (7)( the Union's authority.		·
By the above and other acts, the above-named employer has interfered guaranteed in Section 7 of the National Labor Relations Act.  3. Full name of party filing charge (if labor organization, give full name,		in the exercise of the rights
National Association of Letter Carriers, Branch 4559		A T-11 37
4a. Address (street and number, city. state, and ZIP code)		4b. Telephone No.
P.O. Box 205, Ft. Walton Beach, FL 32549	CC11	(850) 803-1154
<ol> <li>Full name of national or international labor organization of which it is a organization)</li> <li>Same as 3</li> </ol>		n when charge is filed by a labor
	LARATION	
Integlare that I have read the above charge and that the	statements are true to the best of my kno	owledge and belief.
Tours A- HE		D 1 11
By June Buyer		Branch president
(signature of representative or person hydking charge) Percy Smith, Jr.		(title if any)
Address See 4a		1-1
	See 4b	5/21/07
	(Telephone No.)	(date)

ILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)

(b) (6), (b) (7)(C)

INTERNET FORM NLRB-501 (6-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
15-CA-18311	July 2, 2007			

NSTRUCTIONS:

1, EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer     New Era Cap Corporation		b. Number of workers employed approx. 133
c. Address (Street, city, state, and ZIP code) 551 Western Drive, Mobile, Al. 36607	d. Employer Representative David Velasquez	e. Telephone No. 251-450-0323 Fax No.
•		251-450-5008
f. Type of Establishment (factory, mine, wholesaler, etc.)  Manufacturing	<ul> <li>g. Identify principal product or service</li> <li>Caps</li> </ul>	
h. The above-named employer has engaged in and is eng and (list subsections) 8(a)(3) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Postal	within the meaning of the Act, or these unfair	of the National Labor Relations Act, and thes
3. Full name of party filing charge (if labor.organization, give Teamsters Local 991	full name, including local name and number)	
Teamsters Local 991		4b. Telephone No. 251-433-1521
Teamsters Local 991  4a. Address (Street and number, city, state, and ZIP code)		
Teamsters Local 991  4a. Address (Street and number, city, state, and ZIP code) 112 South Broad Street, Mobile, Al. 36602  5. Full name of national or international labor organization of		251-433-1521 Fax No. 251-433-1524
4a. Address (Street and number, city, state, and ZIP code) 112 South Broad Street, Mobile, Al. 36602  5. Full name of national or international labor organization of organization) International Brotherhood of Teamsters  I declare that   have read the above charge	which it is an affiliate or constituent unit (to be	251-433-1521 Fax No. 251-433-1524 filled in when charge is filed by a labor est of my knowledge and belief. Secretary Treasurer/Business Mana.
Teamsters Local 991  4a. Address (Street and number, city, state, and ZIP code) 112 South Broad Street, Mobile, Al. 36602  5. Full name of national or international labor organization of organization) International Brotherhood of Teamsters  I declare that have read the above charge.	which it is an affiliate or constituent unit (to be	251-433-1521  Fax No. 251-433-1524  filled in when charge is filed by a labor  est of my knowledge and belief.  Secretary Treasurer/Business Mana, (Printitype name and title or office, if any)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

INTERNET FORM NLRB-501 (6-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
15-CA-18324	July 19, 2007		

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

		b. Number of workers employed
Name of Employer HTE Contractors		b. Homosi di wakelo amprojesi
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
P. O. Box 10460 Jefferson, LA 70181-0460	Joe Jackson	(504) 734-0811 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) Electrical Contractor	g. Identify principal product or service electrical construction	
The above-named employer has engaged in and is eng and (list subsections) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Postal	aging in unfair labor practices within the mea	of the National Labor Relations Act, and the
Basis of the Charge (set forth a clear and concise stateme	ant of the facts constituting the alleged unfair	(abor practices)
About 2007, the above-named Employer to	erminated the employment of its employmented activities in connection with ma	yee (b) (6), (b) (7)(C) through an alleged aking concerted complaints about terms
and conditions of employment including overtime v	work.	anng concerned complaints about terms
	full name, including local name and number)	
b) (6), (b) (7)(C)	full name, including local name and number)	
b) (6), (b) (7)(C)  Address (Street and number city state, and ZIP code)	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)  Address (Street and number city state, and 7/P code)	full name, including local name and number)	4b. Telephone No.
b) (6), (b) (7)(C)  Address (Street and number city state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of anization) N/A	which it is an affiliate or constituent unit (to b	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
Full name of party filing charge (if labor organization, give to (6), (b) (7)(c)  Address (Street and number city, state, and ZIP code) (b) (6), (b) (7)(c)  Full name of national or international labor organization of anization) N/A  (b) (6), (b) (7)(c)	which it is an affiliate or constituent unit (to be a finite or co	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  De filled in when charge is filed by a labor
b) (6), (b) (7)(C)  Address (Street and number city state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of anization) N/A	which it is an affiliate or constituent unit (to b	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  be filled in when charge is filed by a labor  best of my knowledge and belief  An Individual
b) (6), (b) (7)(C)  Address (Street and number city state, and ZIP code)  (b) (6), (b) (7)(C)  Full name of national or international labor organization of anization) N/A	which it is an affiliate or constituent unit (to be a finite or co	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  be filled in when charge is filed by a labor  best of my knowledge and belief

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM EXEMPT UNDER 44 U.S.Q 3512

FORM NLR 301 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

THIS SPACE
Filed July 23, 2007

1. EMPLOYER	R AGAINST WHOM CHARGE IS BR	ROUGHT
Name of Employer Lvcry-Dennison		b. Number of workers employed
Address (Street, city, state, and ZIP code) 100 Highway North feridian, MS 39301-1203  Type of Establishment (factory, mine, wholesaler, etc.)	d: Employer Representative Patrick Kiffaber Plant Manager g. Identify principal product or servi	e. Telephone No. (601)483-0615 6912 Fax No. ( ) -
actory	labels, binders, business cards	
<ul> <li>The above-named employer has engaged in and is engand (list subsections)</li> <li>and these unfair labor practices are practices affecting</li> </ul>		of the National Labor Relations Act,
on or about 2007, the Employer, by its office because one engaged in protected, concerted activity or tried to encourage grown	rs, agents or representatives, termina	ended (b) (b) (7)(C) because engaged in engaged in engaged in a second of the employment of its employee engaged in engaged in the employment of its employee
n or about 2007, the Employer, by its office	rs, agents or representatives, termina	ated the employment of its employee
By the above and other acts, the above-named employer because of the Act.	rs, agents or representatives, termina citivity or tried to encourage group activity	ented the employment of its employee ctivity.
By the above and other acts, the above-named employer is Section 7 of the Act.	rs, agents or representatives, termina citivity or tried to encourage group activity	ented the employment of its employee ctivity.
on or about 2007, the Employer, by its office engaged in protected, concerted as because a engaged in protected, concerted as the state of the state	rs, agents or representatives, termina citivity or tried to encourage group activity	ented the employment of its employee ctivity.

6. DECLARATION

(b) (7)(C) the above charge and that the statements are true to the best of my knowledge and belief.

an Individual

(Print/type name and title or office, if any)

Address (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) (Telephone No.)

(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
(b) (6), (b) (7)(C)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case

15-CA-18330

DO NOT WRITE IN THIS SPACE Date Filed July 24, 2007

STRUCTIONS:

ile an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

200	GAINST WHOM CHARGE IS BROUGH			
n. Name of Employer  Knight Protective Service, Inc.		b. Number of workers employed 15+		
c. Address (Street, city, state, and ZIP code) 8507 EdgeWorth Drive, Capitol Heights, MD 20743	d. Employer Representative Macon Sims - Owner	e. Telephone No. 301-808-4669		
		Fax No.		
Type of Establishment (factory, mine, wholesaler, etc.) Security Company	g. Identify principal product or service Security Services			
The above-named employer has engaged in and is engagin and (list subsections) 3 unfair labor practices are practices affecting commerce with commerce within the meaning of the Act and the Postal Rec	nin the meaning of the Act, or these unfa	of the National Labor Relations Act, and thes		
because of other union activities.				
B. Full name of party filing charge (if labor organization, give full (b) (b), (b) (7)(C)	name, including local name and number			
	name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.		
B. Full name of narty filing charge (if labor organization, give full (b) (b) (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of white organization)		4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. Cell-(b) (6), (b) (7)(C)		
Aa. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of whi	ich it is an affiliate or constituent unit (to	4b. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  Cell (b) (6), (b) (7)(C)  be filled in when charge is filed by a labor  best of my knowledge and belief.  An Individual		
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of white organization)  (b) (6), (b) (7)(C)  Nove charge and	ich it is an affiliate or constituent unit (to	4b. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  Cell (b) (6), (b) (7)(C)  be filled in when charge is filed by a labor  best of my knowledge and belief.		

INTERNET FORM NLAB 501 (11-04)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C. 351	
DO NOT WRITE IN THIS SPACE		
Case 15-CA-18339	Date Filed August 10, 2007	

TO: 504 589 4069

			and also
บรา	тот	10	NIC.

1 EMPLOYER A	GAINST WHOM CHARGE IS BROUGHT	
Name of Employer  Farlos Rodriguez d/b/a SPM Painting and Catastrophe Serv		b Number of Workers Employed 25
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
Company: 162 Adams St., Suite 201, Denver, CO 80206 Rodriguez: 920 Lombardy Dr., Plano, TX: 75023	Dan Danoby	970-390-2788 Fax No. 972-421-1556
Type of Establishment (factory, mina, wholesaler, etc.) eneral contractor	g. Identify Principal Product or Service renovations	
The above-named employer has engaged in and is engaging in unsubsections) (3) practices are unfair practices affecting commerce within the mean	of the National Labor Re	(a), subsections (1) and (list labor and these unfair labor
On or about 100 more 2007, the Employer discriminated an accounse of 100 concerned activity and mutual aid activities		yoc, by terminating and employme
By the above and other acts, the above-named employer has beginned in Section 7 of the Act.	interfered with, restrained, and coerced employs	ees in the exercise of the rights
3. Full name of party filing charge (it labor organization, give full name) (6), (b) (7)(C)	ne, including local name and number)	
la. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Fex No. 504-885-9969
5 Full name of national or international labor organization of which it	6. DECLARATION I that the statements are true to the best of my i	charge is flad by a labor organization)
(Signature of representative or person making charge)	Attorney Fax No. 504-885-99(r	(Title,if any)
Address 2540 Sevem Ave., Ste 400, Metarrie, LA 70002	5()4-885-9994 N	8/10/07

FORM NLRB-501

Same as above

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

FORM EXEMP				
<b>医影響性</b>		UZE.		
Case	Date Filed			
15-CA-18342	August	13.	2007	

TRUCTIONS: File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT			
8. Name of Employer		Number of workers employed		
Weyerhaeuser Company		280		
c. Address (street, city, state, ZIP code)	d. Employer Representative e			
PO Box 377	Winston Birdwell	318 \$76 3392 (ext 215)		
Campti, LA 71411	-	Ear No		
Sampa, Striati	. 15	18 4762404		
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service			
Papermill	Kraft Linerboard			
<ul> <li>The above-named employer has engaged in and is engaging in unfa National Labor Relations Act.</li> </ul>	ir labor practices within the meaning of se	ection 8(a), and subsection (1) of the		
2. Basis of the Charge (set forth a clear and concise statement of the fa-	cts constituting the alleged unfair labor pr	actices)		
	·			
(1) (0) (1) (7)(0)				
On about (b) (6), (b) (7)(C) 2007, (b) (6), (b) (7)(C) was is	sued discipline in retaliation	n for participating in		
protected concerted activity.	,			
protection downly.				
By the above and other acts, the above-named Employer has interfered	with, restrained and coerced employees i	n the exercise of the rights guaranteed		
in Section 7 of the Act.				
3. Full name of party filing charge (if labor organization, give full name, in	nduding local name and number)			
United Steelworkers				
4a. Address (street and number, city, state and ZIP code)		4b. Telephone No.		
(b) (6), (b) (7)(C)		318-513-1651		
		Fex No.		
		318-513-1876		
5. Full name of national or International labor organization of which it is a	in affiliate or constituent unit (to be filled i	n when charge is filed		
by a labor organization,				
United Steelworkers				
6. DECLARATION  I declare that unave read the above charge and that the statements are true to the best of my knowledge and belief.				
	e statements are not to the best or my k	TOWISOGE SINC SCRIST		
1 / Com / Sum	Title Inte	rnational Representative		
Signature of representative or person making charge	. 11.0			
J. David Broussard (Print Name)	Telephone No. 318-513-1651	s 8-13-07		
Address	Fax No. 318-513-1876	Date_0		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512 DO NOT WRITE IN THIS SPACE Case Date Filed

INSTRUCTIONS:

15-CA-18354(P) August 22, 2007

File an original together with four copies and a copy for each additional charged party named in item 1 with NURB Regional Director for the region in which the alleged under table to precise occurred or is occurred.

a. Name of Employer		b. Number of workers employed
United States Postal Service		500+
c. Address (Street, city, state, and ZIP code) 2400 Texas Avenue Shreveport, Louisiana 71102	d. Employer Representativo Martha Reyenga	e. Telephone No. 318-677-2272 Fax No.
Type of Establishment (factory, mirre, wholesaler, etc.)      Dostal Service    g. Identity principal product or service   Mail Processing & Delivery		
h. The above-named employer has engaged in and is engaged and (fat subsections) unfair tabor practices are practices affecting commerce of commerce within the meaning of the Act and the Postal	within the meaning of the Act, or these unf	of the National Labor Relations Act, and these
2. Basis of the Charge (set forth a clear and concise statemer	nt of the facts constituting the alleged unfai	ir labor practices)
Since the completion of my current job assignment	ent that I bidded on and complet	ed the training for
on (b) (6), (b) (7)(C)on March 15, 2007, Art	icles 2, 12, 19, & 37 of the CBA	have been violated
willfully and overtly every Friday since April of	2007 after completing the above	ementioned
training. In short day-to-day seniority has been	continuously violated even after	hand delivered
previous arbitration decisions, the seniority rost	er applicable to the Incoming Se	ction, Supervisors
Knowledge of the Contracts and other pertinent	documentation to preclude the o	bvious contract
violations and ULP charges. It is my belief that	the violations are a result of repr	isal and other
protected concerted activities.		
Additionally, I have not been paid for the ou	nt of schedule training from 11	1/27/2006 thru 03/15/2007.
Refer to Case No(s	). 15-CA-18237(P) & 1	5-CA-18152(P).
3. Full name of party fling charge (if labor organization, give	full name, including local name and numb	orj
(b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Fax No.
Full name of national or international labor organization of organization)     American Postal Workers Union, Local 418	which it is an affiliate or constituent unit (	to be filled in when charge to filed by a labor
(b) (6), (b) (7)(C) the charge (b) (6)	6. DECLARATION and that the statements are true to the (b) (7)(C)	ne best of my knowledge and belief.  An Individual  (Printhype name and tille or office. If any)
Address Same as 4a & 4b.	(lax)	08/22/2007

FORM NLR8-501 (11-88)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Casa	Date Filed		
15-CA-18374(P)	September 10, 2007		

CHARGE ADAMOT EMIT ESTER	The same of the sa	
INSTRUCTIONS:	15-CA-18374(P)	Septemb
original together with four copies and a copy for each additional charged party :	named in Item 1 with NLRB Regional Dir	ector for the regio

	R AGAINST WHOM CHARGE IS BROUG	
n. Name of Employer USPS, Mississippi District		b. Number of workers employed 6663
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
460 Lakeover	Elizabeth Johnson	(601)351-7355
	3555	Fax No.
ickson MS -		()-
Type of Establishment(factory, mine, wholesaler, etc.)	<li>g. Identify principal product or service Mail</li>	
h. The above-named employer has engaged in and is engaged in and is engaged in and is engaged.	gaging in unfair labor practices within the mean	ing of section 8(a), subsections (1) of the National Labor Relations Act.
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	of the reports case in the same na.
Beals of the Charge (set forth a clear and concise statement		abor practices)
By the above and other acts, the above-named employer h	as interfered with, restrained, and coarced employ	y <del>ess</del> in the exercise of the rights guarantead in
Section 7 of the Act.  Full name of party filing charge (if labor organization, give		yees in the exercise of the rights guaranteed in
Full name of party filing charge (if labor organization, give		4b. Telephone No.
Full name of party filing charge (if labor organization, give	full name, including local name and number)	1)
Full name of party filing charge (if labor organization, give (if labor organization), give (if		4b. Telephone No.
Full name of party filing charge (if labor organization, give (if labor organization), give (if	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give organization).  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of	full name, including local name and number) (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, give (if labor organization, give (if labor organization), give (if l	full name, including local name and number) (b) (6), (b) (7)(C)	### Ab. Telephone No. (b) (6), (b) (7)(C)  Fax No. (b) (6), (b) (7)(C)  ##################################
Full name of party filing charge (if labor organization, give organization).  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of partication)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	### Ab. Telephone No.  (b) (6), (b) (7)(C)  Fax No.  (b) (6), (b) (7)(C)  #### ###############################

INTERNET FORM NLRB-501 (9-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed	22.	2000
15-CA-18377	September	12,	2007

	JC1	 

le an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged infair labor practice occurred or is occurring.

4440	R AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer The Marsilles Apartment Complex		b. Number of workers employed 5+
Address (Street, city, state, and ZIP code) 4545 MacArthur BLVD, New Orleans, 49	d. Employer Representative Berry Bernadas - Owner	e. Telephone No. 504-378-0655 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.) Apartment Complex	g. Identify principal product or service Housing	
The above-named employer has engaged in and is eng and (list subsections) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Postal	within the meaning of the Act, or these unfair	of the National Labor Relations Act, and the
		Age of the state o
	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  6. Full name of national or international labor organization of		(b) (6), (b) (7)(C) Fax No.
(b) (6), (b) (7)(C)  Sa. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  Sa. Full name of national or international labor organization of organization)  (b) (6), (b) (7)(C)  the above charge	which it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C) Fax No.  a filled in when charge is filed by a labor
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  (b) (6), (b) (7)(C)  The above charge	which it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C)  Fax No.  a filled in when charge is filed by a late of my knowledge and belief.  An Individual

2252574319 NLRB THE KMG GROUP

PAGE 01/01 P. 02/02

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-501 (06-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE		
Casc	Date Filed		
15-CA-18389	September	24,	200

INSTRUCTIONS: File an original together with four (4) copies, and a copy for each additional charged party named in Item I, with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring, 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Number of workers employed a. Name of Employer Pelican Point Golf and Country Club d. Employer Representative Telephone No. c. Address (street, city, state, ZIP code) Phillip Wright, general manager (225) 746-9900 6300 Championship Court, Gonzales, LA 70737 Type of Establishment (factory, mine, wholesaler, etc.) g. Identify principal product or service Residential Community Services Country Club The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (Ilia) subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these practices are unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) About early June 2007, the Employer, by (b) (6), (b) (7)(C) at its pool in Gonzales, Louisiana, told its employees that company policy prohibited them from discussing their wages with each other. 2007, the Employer terminated its employee (b) (6). (b) (7)(C) in retallation for engagement in protected concerted activities. Full name of party filing charge (if labor organization, give full name, including local name and number) 4s. Address (street and number, city, state, and ZIP code) 4b. Telephone No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit flo be filled in when charge is filed by a labor orgunization) (b) (6), (b) (7)(C at the statements are true to the bast of my knowledge and belief. An Individual (title if any) Address Seme as 4b

WILLPUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (IL S. CODE. TITLE 18, SECTION 1001)

(Telephone No.

INTERNET FORM NLRD-601 (6-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM	EXEMPT	UNDER	44	U.S.O	0:	151

E IN THIS SPACE
Date Filed
October 2, 2007

INSTRUCTIONS:

[15-CA-18399] October 2, 2007

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

unfair labor practice occurred or is occurring.		
1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
a larata de la compansión de la compansi		
Sunland Fabricators, Inc.		+350
c. Address (Stroot, city, state, and ZIP gode)	d. Employer Representative	- Talanhara Na
30103 Sunland Drive	Kent Shephard	e. Telephone No. 225-667-1000
Walker, LA		Fax No.
	<u></u>	225-667-7757
f. Type of Establishment (factory, mine, wholesaler, etc.) Pabrication Shop	g. Identify principal product or service Pipe fabrication	
h. The above-named employer has engaged in and is engage	ging in unfair labor practicos within the mea	ning of section 8(a), subsections (1)
and (list subsections) (5)		of the National Labor Relations Act, and these
unfair labor practices are practices affecting commerce w commerce within the meaning of the Act and the Postal R		labor practices are unfair practices affecting
2. Basis of the Charge (set forth a clear and concise statement	t of the facts constituting the alleged unfair i	abor predices)
On or about September 25, 2007, the Employer refus	ed to bargain in good faith with the U	nion, which should have been recognized
as the majority representative of its employees in an a pertaining to a pay increase awarded to the bargaining	appropriate bargaining unit, by refusin	g to provide relevant information
O		
On or about August 17, 2007, the Employer interfere to employees in an effort to affect the outcome of the	d with then exercise of employee Sect	ion 7 rights by granting free movie passes
of the Union.	Aligust 30, 2007 NERO-conducted ci	ection and discouraging employee support
		· ·
		:
		×
2.5.9	· · · · · · · · · · · · · · · · · · ·	- Andrews - Company - Comp
3. Full name of party filing charge (if labor organization, give fur. United Association of Journeymen and Apprentices of	ill name, including local name and number)	profite IIS and Canada ASI OIO IIA
Local Union No. 198	or the rotationing and repetiting modes	ry of the O.S. and Canada, Art-Clo, UA
4a. Address (Stroot and number, city, state, and ZIP code)		4b. Telephone No.
5888 Airline Highway	-1	504-356-3333
Baton Rouge, LA 70805		Fax No.
5. Full name of national or international labor organization of woorganization) United Association of Journeymen and App AFL-CIO	hich it is an affiliale or constituent unit (to b prentices of the Plumbing and Pipefitti	o filled in when charge is filed by a laboring Industry of the U.S. and Canada,
	6. DECLARATION	1
I declare that I have read the pove charge ar	ad that the statements are true to the b	est of my knowledge and belief.
By way and		Louis L. Robein, Jr.
(Signature of representative or person making charge)		(Printrype name and title or office, if any)
2540 Severn Ave., Ste. 400, Metairie, LA 70002		
i sani a sa	504-885-999	4 10/02/07

FORM EXEMPT UNDER 44 U.S.C. 3512

FORM NLRB-501 (11-98)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
15-CA-18404	October 4, 2007

11

STRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINS	ST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
SMILE Community Action Agency		250+
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
Post Office Box 3343	Alvin Wiltz	337.234.3272
Lafayette, Louisiana 70502	Executive Director	fax: 337.234.3274
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	rvice
Tax Exempt Corporation		al Services
<ul> <li>h. The above-named employer has engaged in and is engaging in unfair subsections) (3)</li> </ul>	0	ection 8(a), subsections (1) and flist f the National Labor Relations Act, and
these unfair labor practices are unfair practices affecting commerce  Basis of the Charge (set forth a clear and concise statement of the fo		
A. Gave its employees the impression it was fution B. Threatened its employees with termination if C. Bypassed the Union and dealt directly with its employment.  About August 8, 2007, the Employer, by (b) (6), (b) (7) (c) (b) (6), (b) (7)(c) (c) (c) (b) (6), (b) (7)(c) (c) (c) (d) (d), (b) (7)(c) (e) (d) (d), (b) (7)(c) (e) (d) (e), (b) (f), (c) (e), (d) (f), (e) (f), (e) (f), (e) (f), (e), (e), (f), (f), (f), (f), (f), (f), (f), (f	they engaged in protected Unices employees regarding their terms.  (C), in a staff meeting at the Royal their engagement in protected by suspended its employee and	ms and conditions of obicheaux Recreation Center, Union activity.  (b) (6), (b) (7)(C)
activity.  By the above and other acts, the above-named employer has interfer guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full names Service Employees International Union, Local 21LA		
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
3500 Canal Street, New Orleans, LA 70119	4-	504-483-2125
<ol> <li>Full name of national or international labor organization of which it organization) Same as 3</li> </ol>	is an armate of constituent unit (10 be fil	neu in mien enurge is jueu vy a woor
By July By	ECLARATION the statements are true to the best of my	SEIU Representative
declare that I have read the above charge and that		
By July By		SEIU Representative (title if any)

FORM NLRB-501 (06-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE
Case	Date Filed
15-CA-18405	October 4, 2007

STRUCTIONS: File an original together with four (4) copies, and a copy for each additional charged party named in Item 1, with the NLRB Regional irector for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Number of workers employed Walmart about 150 c. Address (street, city, state, ZIP code) d. Employer Representative e. Telephone No. Rick Wiley 985-446-2257 410 North Canal Blvd., Thibodaux, LA 70301 f. Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service sale of products h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within subsections) the meaning of the Act, or these practices are unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) (b) (6), (b) (7)(C) 2007, the above-named Employer terminated (b) (6), (b) (7)(C) in retaliation for engaging in protected concerted On or about activity. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP code) 4b. Telephone No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C Individual (title if any) (signature of representative or person making charge) Same as 4a Address

(Telephone No.)

FORM NLRB-501 (06-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE	
Case	Date Filed	
15-CA-18410	October 9, 2007	

INSTRUCTIONS: File an original together with four (4) copies, and a copy for each additional charged party named in Item 1, with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Number of workers employed Wyndham about 1000 c. Address (street, city, state, ZIP code) d. Employer Representative e. Telephone No. 100 Iberville, New Orleans, LA 70130 Sabin Walker 504-566-7006 f. Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service Hotel hotel services The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within subsections) the meaning of the Act, or these practices are unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(C) 2007 the above-named Employer terminated (b) (6), (b) (7)(C) in retaliation for engaging in protected concerted activity. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C 4a. Address (street and number, city, state, and ZIP code) 4b. Telephone No. (b) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION the statements are true to the best of my knowledge and belief. Individual (title if any) Address Same as 4a

ILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)

(b) (6), (b) (7)(C

(Telephone No.)

FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
15-CA-18419	October 16, 2007

STRUCTIONS:

(b) (6), (b) (7)(C)

e an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

Name of Employer		<ul> <li>b. Number of workers employed</li> </ul>
All Native Systems		b. Number of workers employed
- 10 · 20 · 5/ · 10 · 1	~	8
111 181 111 1111	Tel Complement Department to the	
Address (Street, city, state, and ZIP code) 400 Russell Avenue	d. Employer Representative Geralyn Hotard, Supervisor	e. Telephone No. (504)678-7582
Building 30	Geraryn Hotard, Supervisor	Fax No.
Belle Chasse, LA 70143		F ax IVO.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Telecommunications Service	Telecommunications Contract Ser	vices
The above-named employer has engaged in and is e and (list subsections)  unfair labor practices are practices affecting commer commerce within the meaning of the Act and the Pos	rce within the meaning of the Act, or these unfair la	of the National Labor Relations Act, and the
Full name of party filing charge (if labor organization, git (b) (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C)(Cell)
(b) (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C)(Cell)

(fax)

P. 82/84

- A		
007-09-2007	1710	٠,

-

6:00PM; .-UEOW 1657; #337; Page 2 107 9/2007

NLRB

DAM HERB-SOT UNITED STATES OF AMERICA MATIONAL LABOR RELATIONS BOARD 1 6 1

10/19/07

CHARGE AGAINST EMPLOYER CA-18422 HERTICACTICATE; Pile on original and 4 copies of this she

s Name of Employer Bonifisy Nursing Home, Inc.	AND WHEN CHARLES IN SECTION	b. Number of workers employed about 300
e. Address (dreet, sty, state, EF code) 304 West Brook Ave. Bonifity, FL 32425	d. Employer Approximative Namely Hell Nursing Home Administrator	6. Telephane No. 850-347-9289 Fax No.
( Type of Edithinman (factory, mine, wholesaler, etc.) Tiursing horns	g. Identify principal product or so elder care	r-fos

h. The above-named employer has engaged in and is engaging in unfler labor practices within the meaning of section 5(4), and subsections (1) and (3)—of the National Labor Relations Act.

2. Wash of the Charge (set forth a clear and concine seatures) of the facts constituting the alleged unless labor practices)

On or about (b) (6), (b) (7)(C) 2007, the above named Employer, through its officers, agents and representatives, terminated activities.

On or about (b) (6), (b) (7)(C 2007, the above named Employer, through its officers, agents and (b) (6), (b) (7)(C) in retallation for the union and/or protected concerted representatives, terminated ctivities.

on or about (b) (6), (b) (7)(C) 2007, the above named Employer, through its officers, agents and representatives, terminated (b) (6), (b) (7)(C) n retailstion for the union and/or protected concerted activities.

By the about and other exts, the above-nemed Employer has interfered with, restrained and coercind employees in the countries of the rights guaranteed is Rection 7 of the Act.

3. Full name of party fling charge (if labor organization, give full name, including local name and number)
United Food and Commercial Workers Union , Local 1657 4s. Address (street and number, city, state and ZIF code) 4b. Telephone No. 2013 First Avenue North, Suite 300 850-937-3538 Birmingham, AL 35203 Fex No. 205-324-5735 Full name of national or intermetional latter organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a label organization. United Food and Commercial Workers Union 6. DECLARATION

phone charge and that the esstemants are true to this best of my knowledge and hellef.

THE QUENCIZET

Stephanie Waterhouse

Telephone No. 850-937-3538 Fax No. 205-324-5735

ENTS ON THE CHARGE CAN BE PLINED BY FINE AND IMPRISONMENT (U.A. CARDE, TITLE 18, SECTION 1001)

Redelved: 10/ 6/2007 6:01PM; -- UPOW 1687; #337; Page 3

METRICTICAL: Pile in original and 4 socies of the cluster of

NURB

P. 83/84

NAME OF THE PARTY

UNITED STATES OF AMERICA NATIONAL LANDR RELATIONS BOARD CHARGE AGAINST EMPLOYER

B. .. M. 15-CA-18423 10/19/07

for practices within the resening of section 6(a), and subsections (1) and

a. Name of Briglioper Bonifey Nursing Home, Inc.	MINET WHOM CHARGE IS MOVED	b. Flumber of workers employed about 300	
c. Address (street, aty, state 29 cade) 306 West Brack Ave. Bonifty, FL 32425	d. Employer Representative Nancy Hall Nursing Home Administrator	e. Telephone Ne. 850-547-9289 Fax No.	
L. Type of Edistrictment (factory, mine, wholeseler, etc.) muraling home	g. Identify pondpai product or at clder care	invice	

ent of the facts constituting the stieged withit labor precious)

On or about (b) (6), (b) (7)(C) 2007, the above named Employer, through its officers, agents and representatives, terminated (b) (6). (b) (7)(9) in retalistion for union and/or protected concerted activities.

On or about  $^{(b)}(6)$ ,  $^{(b)}(7)(C)$  2007, the above named Employer, through its officers, agents and representatives, terminated  $^{(b)}(6)$ ,  $^{(b)}(7)(C)$  in retallation for  $^{(b)}$  union and/or protected conce union and/or protected concarted activities.

By the above and other ects, the above-named Employer has interfer in Section 7 of the Act	ed with, restrained and coerced employees in the exercise of the rights guaranteed
2. Full name of party fling charge (if labor organization, give full name United Food and Commercial Workers Union , Local Id	a, including local name and number) 557
44. Address (street and number, city, state and 25° code) 2013 First Avenue North, Suite 300	4b. Telephone No. 850-937-3538
Birminghum, AL 35203	Fee No. 205-324-5735
Full name of retional or intermetional labor organization of which it by a labor organization.     United Food and Commercial Workers Union	is an affiliate or constituent will (to be filled in when charge is filled
by Signature of representative or person institle change	DECLARATION If the statements are true to the best of my knowledge and better.  Title Organizer
Stephanie Waterhouse (Print Name) Address Same as 4s	Per No. 205-324-5735

WILLPUL FALSE STATEMENTS ON THE CHARGE CAN BE PUNKSHED BY THE AND IMPRECIMENT IU.S. CODE, TITLE 10, SECTION 1001)

FORM NLRB-501 (9-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
15-CA-18432	/ October 31, 2007

INSTRUCTIONS	

1. EMPLOTER A	AGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer Comprehensive Security Services, Inc.		b. Number of workers employed 200+
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
15171 S. Harrells Ferry Road	TK Khan	(225)752-3550
Baton Rouge LA 70816-	Vice President	Fax No. (225)752-3552
. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	(223)132-3332
h. The above-named employer has engaged in and is engaging subsections) (1)	of the Nati	onal Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning the meaning of the Act and the Postal Reorganization Act.	ng of the Act, or these unfair labor practice	es are unfair practices affecting commerce within
	ll name, including local name and number	)
b) (6), (b) (7)(C)  4a Address (Street and number, city, state, and ZIP code)	ill name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)  4a Address (Street and number, city, state, and ZIP code)	Il name, including local name and number	4b. Telephone No.
3. Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  5. Full name of national or international labor organization of will organization)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
b) (6), (b) (7)(C)  As Address (Street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  5. Full name of national or international labor organization of woorganization)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief. an individual
(b) (6), (b) (7)(C)  Sa Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of worganization)  (b) (6), (b) (7)(C) baye read the above charge at the person making energy.	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to  6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.
(b) (6), (b) (7)(C)  An Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of worganization)  (b) (6), (b) (7)(C) began read the above charge at the char	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to  6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.  an individual  (Print/type name and title or office, if any)

LLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The rountine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(date)

FORM NLRB-501 (06-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
15-CA-18437	November 7, 2007

CHARGE AGAINST EMPLO	YER	15-CA-18437	November 7,72007
NSTRUCTIONS: File an original together with four (4) copies, and a c			
Director for the region in which the alleged unfair labor practice occurr		ng. CHARGE IS BROUGHT	
a. Name of Employer	INDI WITOM	in more to proceed.	b. Number of workers employ
SFC Contract Services of Georgia			арргох. 20 - 40
Address (street, city, state, ZIP code)	d. Er	nployer Representative	e. Telephone No.
		Clay Harley	318-352-1096
2299 Highway 485, Robeline, Louisiana 71469  Type of Establishment (factory, mine, wholesaler, etc.)	e. Id	entify principal product or serv	
Construction	8		struction
. The above-named employer has engaged in and is engaging in ur	lations Act, an	tices within the meaning of sec d these unfair labor practices a	ction 8(a), subsections (1) and (list re practices affecting commerce with
Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C)	name, includin	g local name and number)	
a. Address (street and number, city, state, and ZIP code)			4b. Telephone No.
b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)
Full name of national or international labor organization of which organization) n/a	h it is an affilia	te or constituent unit (to be fill	ed in when charge is filed by a labor
(b) (6), (b) (7)(C	DECLARATI		an Individual
\ (signature of representative or person making charge)			
			(title if any)

FORM NLRB-501 (9-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed November 26, 2007
15-CA-18445	November 20, 2007

			45	56.00
INST	ro:	-		MC.

1. EMPLOYER	AGAINST WHOM CHARGE IS BRO	UGHT
a. Name of Employer Pelican Ice		b. Number of workers employed 40
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
11 Oxley Street	Brian	(504)525-4193
enner LA 7006-2		Fax No.
Type of Establishment(factory, mine, wholesaler, etc.) e factory	g. Identify principal product or service Ice	
The above-named employer has engaged in and is engagin subsections)  practices are practices affecting commerce within the mean the meaning of the Act and the Postal Reorganization Act.	of the Na	ational Labor Relations Act, and these unfair labor
Full name of party filing charge (if labor organization, give for	ull name, including local name and numbe	
a. Address (Street and number, city, state, and ZIP code)	ull name, including local name and numbe	4b. Telephone No.
a Address (Street and number, city, state, and ZIP code)	ull name, including local name and number (b) (6), (b) (7)(C)	
E. Full name of party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge (if labor organization, give for the second party filing charge).	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
(a) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  (c) Full name of national or international labor organization of vorganization) (b) (6), (b) (7)(C) I I have read the above charge a (b) (6).	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (b)  6. DECLARATION	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) - o be filled in when charge is filed by a labor
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)  Full name of national or international labor organization of virganization) N/A  (b) (6), (b) (7)(C) I have read the above charge a	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to  6. DECLARATION and that the statements are true to the (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  o be filled in when charge is filed by a labor  e best of my knowledge and belief.  An Individual (Print/lype name and title or office, if any)

LIFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NURU-501 (06-07)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE I	N THIS SPACE	E	
Case	Date Filed		
15-CA-18450	November	30,	2007

INSTRUCTIONS: File an original together with four (4) copies, and a copy for each additional charged party named in Item 1, with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Director for the region in which the alleged unfair labor practice occurred of	WHOM CHARGE IS BROUGHT	
a. Name of Employer	WHOM CHARGE IS DROUGHT	b. Number of workers employed
Sunland Fabricators, Inc.		350 F
c. Address (street, city, state, ZII' code)	d. Employer Representative	c. Telephone No.
30103 Sunland Drive, Walker, Louisiana	Kent Shepherd	225-667-1000
f. Type of Establishment (foctory, mine, wholesaler, etc.)	g. Identify principal product or service	
Fabrication shop	pipe	
the meaning of the Act, or these practices are unfair labor practices af	ns Act, and these unfair labor practices are p lecting commerce within the meaning of the	ractices affecting commerce within Act and the Postal Reorganization
2. Hasis of the Charge (set forth a clear and concise statement of the fac	is constituting the alleged unfair labor proc	ilces)
On August 6, 2007, the Employer named above threatened employees their union activities, and to influence an upcoming election.	that the Employer was withholding a plas	anced wage increase because of
About September 6, and September 8, 2007, the Employer named about suge increase.	ve blamed the Union for the Employer's d	lecision not to implement a
3. Full name of party filing charge (if labor organization, give full name	including local name and number)	
		States and Canada AFL-CIO
United Association of Journeymen and Apprentices of the Plumbin UA, Local Union No. 198	ig and piperiting industry of the officed	Mates and Canada, At 5-Civi
4a. Address (street and number, city, state, and ZII' code)		4b. Telephone No.
5888 Airline Highway, Baton Rouge, Louisiana 70805		504-356-3333
5. Full name of national or international labor organization of which it is organization) United Association of Journeymen and Apprentices of	an affiliate or constituent unit (to be filled in file Plumbing and pipefitting Industry of	n when charge is filed by a labor of the United States and
Canada, AFL-CIO, UA  6. DEC	LARATION	
I declare that I have read the above charge and that the	e statements are true to the best of my kno	wledge and belief.
um ale		
By Louis Robein	_	Attorney (title if any)
(signature of representative or person making charge)		(inse y uny)
Address 2540 Severn Avenue, Suite 400, Metairie, Louisiana 70002	504-885-9994	504-885-9969
	(Telephone No.)	(date)

F(MM MERO-601 (9-07)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3012
DO NOT WE	THE IN THIS SPACE
ese	Oate Filed
15-CA-18451	bécember 3, 2007

INSTRUCTIONS:

[15-CA-18451] Décember 3, 200

File en original tografier with four copies and a copy for each additional charged party named in them 1 with MLRB Regional Director for the region in which the alleg unfair labor practice accurred or is occurring.

1. EWPLOYE	R AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer  Plastech Engineered Products		b. Number of workers employed 200+
c. Address (Street, city, state, and ZIP code)  9630 Interport Drive, Shraveport, LA 71118	d. Employer Representative  John Gladden-Plant Manager	e. Telephane No. (318-671-0835 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Factory	g. Identify principal product or service Car parts	1()-
h. The above-named employer has engaged in and is engage subsections) 3 practices are practices affecting commerce within the mea- within the meaning of the Act and the Postal Reorganization.	of the National L	abor Relations Act, and these unfair labor
	full name, including local name and number)	
(b) (8), (b) (7)(C)	full name, including facel name and number)	4b. Telsphons No.
3. Full name of party filing charge (if tebor organization, give to (0.00.00.00))  In Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)	full name, including facel name and number)	4b. Telaphona No. (b) (6), (b) (7)(6)  Fax No. ( ) -
(a. Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No. ( ) -

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to establish the National Labor Relations Board (NLRS) in processing unfair tabor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, feiture to supply the Information will cause the NLRB in decline to invoke its processes.

(b) (6), (b) (7)(C)

20\S0.9

INTERNET FORM NLR8-501 (6-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	CONTRACTOR OF COLUMN TO CO
DO NOT W	RITE IN THIS SPACE
Case	Date Filed
15-CA-18461	December 11, 2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

1. EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
a Name of Employer The Marsilles Apartment Complex		b. Number of workers employed 5
c. Address (Street, city, state, and ZIP code) 4545 Mac Arthur Blvd. New Orleans, La. 70131	d. Employer Representative Berry Bernadas, Owner	e. Telephone No. 504/378-0655 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)  Apartment Complex	g. Identify principal product or service Housing	+
<ul> <li>The above-named employer has engaged in and is engand (list subsections) (1)         unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Posta</li> </ul>	within the meaning of the Act, or these unfair	of the National Labor Relations Act, and these
2. Basis of the Charge (set forth a clear and concise stateme On or about (b) (c) (b) (7)(C) 2007, the Employer through the because engaged in protected concerns.	ugh its representatives, agents and/ or ass	
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	full name, including local name and number)	
(b) (6), (b) (7)(C)	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
4a. Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No.
4a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of	f which it is an affiliate or constituent unit <i>(to be</i>	(b) (6), (b) (7)(C)  Fax No.  filled in when charge is filed by a labor
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)	f which it is an affiliate or constituent unit <i>(to be</i>	(b) (6), (b) (7)(C)  Fax No.  filled in when charge is filed by a labor  est of my knowledge and belief.  An Individual